

Southeastern Endodontics

J. BRIAN BAKER, D.M.D.

Practice Limited to Endodontics

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Patient Acknowledgement of Understanding of Southeastern Endodontics as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Patient's Name: _____ Date of Birth: _____

Social Security Number: _____

I understand that the patient's health information is private and confidential.

I understand that Southeastern Endodontics may use and disclose the patient's personal health information to help provide health care to the patient, to handle billing and payment, and to take care of other health care operations. In general, there will be no other uses and disclosures of this information unless I permit it. I understand that sometimes the law may require the release of this information without my permission.

Southeastern Endodontics has a detailed document called the "Notice of Privacy Practices". This notice contains more information pertaining to policies and practices protecting the patient's privacy, which I understand I have the right to read before signing this Acknowledgement.

Southeastern Endodontics may update this Acknowledgement and "Notice of Privacy Practices". If I ask, Southeastern Endodontics, L.L.C. will provide me with the most current "Notice of Privacy Practices".

My signature below indicates that I have been given the chance to review a current copy of Southeastern Endodontics' "Notice of Privacy Practices".

Patient or legally authorized individual signature

Date

Relationship to patient if signed by anyone other than the patient